

# 2012 Military Health System CONFERENCE



## Fort Campbell Polypharmacy Force Projection Clinic

### The MHS: Healthcare to Health

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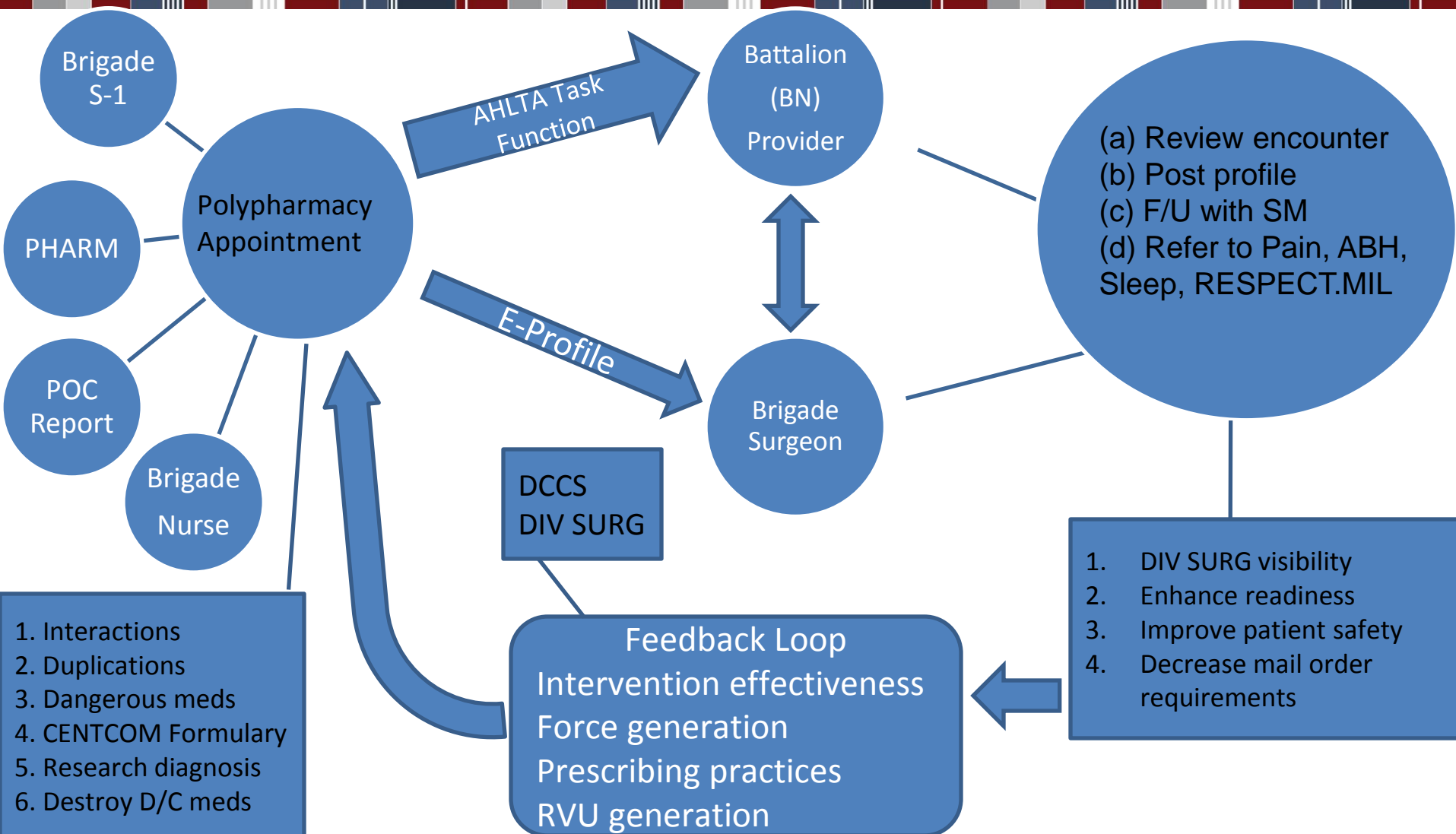
# Fort Campbell Polypharmacy Force Projection Clinic



- Execute OTSG policy 10-076
  - Soldiers on 4 or more medications must be screened by a polypharmacist
- Screen entire 101st Airborne Division (Air Assault) Soldiers prior to next deployment (2012/13)
  - Recurring deployment cycle requires enhanced medication reconciliation
  - Requires one clinical pharmacist (GS12) and one pharmacy technician (GS5)
  - Mission analysis started August 2011
  - Polypharmacy Clinic opened October 2011



# Polypharmacy Process Flow



# Polypharmacy Clinic Outcomes



Intervention	Frequency	Intervention	Frequency
Allergy prevented	6	Lab monitoring recommended	36
Dose changed	23	Medication added	41
Drug/drug interaction	20	Medication changed	26
Enrolled in Sole Provider	2	Medication stopped	33
E-Profile generated	47	Therapeutic duplication prevented	4
Excess controlled med destruction	6	Non-deployable medication	3
Excess non-controlled med destruction	13	Total Soldiers	180
		Total Interventions	260

8 weeks

# Fort Campbell Polypharmacy Force Projection Clinic



- Validated Demand
  - Average 2-3% (80-220) of Brigade Combat Team meet polypharmacy screening criteria
- Trends
  - Nutraceuticals (Jack 3D, Hydroxycut)
  - Multiple serotonergic effects
- Military clinical pharmacist augmenting to fulfill time sensitive screening requirement
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